County of Fairfax, Virginia

ADDENDUM

DATE: July 19, 2018

ADDENDUM NO. 1

TO:	ALL PROSPECTIVE OFFERORS
REFERENCE:	RFP2000002555
TITLE:	Health Care Services Information System
DUE DATE/TIME:	August 14, 2018 @ 2:00 P.M. EST

The referenced request for proposal is amended as follows:

1. Special Provisions Paragraph 12.4.3 is replaced in its entirety with the following:

   12.4.3 The solution must be compliant with all federal and Virginia laws and regulations governing the access, use and management of Personally Identifiable Information (PII), Payment Card Industry (PCI) compliant and meet Americans with Disabilities Act (ADA) requirements.

2. Attachment D - Functional Requirements Matrix, CM-17 is replaced in its entirety with the following:

   Pharmacy integration. CSB and HD modules must be integrated/interface with pharmacy. User roles/permissions should be configurable so that non-pharmacy staff can only view pharmacy information in read-only mode.

3. Special Provisions Paragraph 6.4 is replaced in its entirety with the following:

   6.4. Fairfax County Health and Human Services (HHS) is comprised of eight agencies. In addition to the HD and CSB, Fairfax County HHS includes the Department of Family Services (DFS); Department of Housing and Community Development (HCD); Department of Neighborhood and Community Services (NCS); the Juvenile and Domestic Relations District Court (JDRDC); the Office to Prevent and End Homelessness (OPEH); and the Office of Strategy Management (OSM) for Health and Human Services. More information can be found at: https://www.fairfaxcounty.gov/health-humanservices/.

4. Please refer to Attachment-1 of this addendum for answers to questions from prospective offerors.

All other terms and conditions remains the same.

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THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

_____
Name of Firm

_____ _____
(Signature) (Date)

A SIGNED COPY OF ADDENDUM SHOULD BE RETURNED PRIOR TO DUE DATE/TIME OR SHOULD ACCOMPANY THE PROPOSAL.

NOTE: SIGNATURE ON THIS ADDENDUM DOES NOT SUBSTITUTE FOR YOUR SIGNATURE ON THE ORIGINAL PROPOSAL DOCUMENT. THE ORIGINAL PROPOSAL DOCUMENT MUST BE SIGNED.

Q1: For vendor hosted solutions, will the County consider cloud options? If so, are there any security controls required?
A1: Yes, the County would consider solutions using the cloud. Proposals will be reviewed and the County will decide if security controls are needed. See section 12 of the RFP for additional information.

Q2: The RFP requests a COTS solution, but would the County consider a hybrid (COTS and custom development)?
A2: The functional requirements matrix (Attachment D) allows for offerors to indicate whether the functionality currently exists or will require custom development. Please note the Offeror Qualifications in Section 3, including a minimum qualification in Section 3.1.1

Q3: Are you looking to replace all legacy systems mentioned in the RFP or to build upon them?
A3: The intent of the RFP is to replace the current stand-alone CSB electronic health record system and the Health Department's paper and electronic system with one integrated health care information system.

Q4: Is the County open to open source solutions?
A4: Yes, the County will consider open source solutions.

Q5: What is the County's data migration plan for the legacy systems into HCSIS?
A5: Please see Appendix D Tasks to Be Performed, number 6.

Q6: Does the County have a standard project management approach and would the County be willing to hear alternatives? For example, a phased vs alternate model for deployment?
A6: The County does not have a required standard project management approach. The County expects the Offeror's proposal to describe its project management plan pursuant to Special Provisions, Section 15.2.9, Tab 8.

Q7: The first 4 months of the project will be the core build. If there are functionality gaps identified, does the County anticipate those be closed during the core build or after?
A7: The County expects that all core, required functionality will be realized during the core build.

Q8: Does the County have any restrictions using off-shore resources? For example, can development occur in India?
A8: The County does not have any restrictions using off-shore resources. Please note the preferred qualification in Section 3.2.4.

Q9: As noted within Section 7, Future State Solution, the County will consider a solution that is ultimately deployed on-premise or a solution that is hosted by the Offeror or its agent. Does this mean the Offeror can submit a response that is hosted in AWS or Azure?
A9: Yes, the Offeror can submit that as a response. Please note Section 12 - Technology Profiles and Additional Requirements.

Q10: Please share what the expected SLAs will be during Warranty & Support.
A10: Warranty and Support SLAs will be negotiated with final offerors. Please see Appendix D Tasks To Be Performed Section 9.

Q11: The RFP states that the Offeror must maintain an active PCI certification. If the Offeror is using a 3rd party for payment processing, does the Offeror still need to be PCI certified?
A11: The entity that is performing payment processing must be PCI compliant. Please note Section 3 and Section 12.

Q12: Does Fairfax prefer hosted or on-site?
A12: Fairfax does not have a preference. See section 15.1.4 and 16.2 for instructions if both options are being proposed.

Q13: Does the existing system have any API'S (application program interface) that allow for data extraction?
A13: No. Direct background access is a possibility in multiple places but no API's.

Q14: Is anyone within the organization familiar with EDI (Electronic Data Interchange)?
A14: Yes.

Q15: Does the County expect an existing Product (COTS) or is the County open to a custom solution built from scratch?
A15: Please refer to Special Provision, Paragraph 12.1.3 and 12.1.4. The County prefers that IT solutions use industry standards out-of-the-box, including contemporary best practices for solution architecture, configurability, integration, user access and data security; be available 24x7x365; are scalable and meet reasonable performance requirements; and allow for appropriate maintenance windows. If the solution will be a custom build by an SI, then DIT will specify the standard for the build and the solution underlying infrastructure.

Q16: Solution must be proposed in entirety to include core software, database, bolt-ons, interfaces and reporting tool. In the event system requirements are not met by information systems platforms required to interface, can bolt-on solutions be considered post award with appropriate submission of proposed solution to expedite information exchange interoperability? REF. Special Provisions - Section 12.1.1
A16: All solutions required to meet required functionality should be submitted within the Offeror's RFP response. Additionally, please see Section 3.1.1.

Q17: Can you please provide a list of the elements and their format that are considered Standard County Data? REF. Special Provisions - Section 12.6.1
A17: The County follows the NIEM (National Information Exchange Model) standard for information sharing and interoperability to include the HL7 protocol. See Attachment D-Functional Requirements Matrix.

Q18: Are the replacements costs for hardware refreshment to be included in the runtime costing proposal, or are these cost considerations above/beyond the basic operational costs to be included in the proposal? REF. Special Provisions: Hardware Requirements. 12.8.4
A18: This reference is for hardware on-premise. It refers to the County's hardware refresh cycle to ensure hardware, operating system and database are kept current with the latest releases.

Q19: Does the project manager need to be onsite for 100% of the project duration after the system acceptance? What is the onsite expectation? REF. Special Provisions: Technical Proposal Instructions, 15.2.7.2.3
A19: The Project Manager is expected to be 100 % dedicated to this implementation and be onsite from initial planning through three months after system acceptance. See Section 15.2.7.2.3.

Q20: Does Fairfax County have a PDMP or is there a PDMP that would need to be integrated/interfaced to the HCSIS? REF. Attachment D- Functional Requirements Matrix
A20: At this time, there is no PDMP that would be interfaced to HCSIS.

Q21: Does this requirement, “The system as architected shall be consistent with/conforms with the Seven Standards and Conditions (modularity, MITA, interoperability, business results, leverage/reuse, industry standards, reporting)” indicate the County is receiving federal funding for this project? Does the County have any special reporting requirements or certifications required by CMS that the Offeror will be responsible for? REF. Attachment E - Technical Requirements Matrix

A21: The County is not currently receiving federal funding for this project.

Q22: Do the web services use encryption? REF. Attachment D- Functional Requirements Matrix

A22: Yes.

Q23: Is there a requirement or expectation for uptime and maintenance windows?

A23: The expectation is for five (5) 9's (i.e., 99.999%).

Q24: How often do you except to upgrade systems and is there a process for upgrades?

A24: The County expects updates of the operating system and database to be within a year after a major update release.

Q25: Will the County expect a Best and Final Offer (BAFO) in offerors proposal?

A25: Please refer to Special Provisions, Paragraph 21.5. The County will enter into negotiations with Offerors deemed to have put forth superior proposals. A "Best and Final Offer" may, or may not be requested during the negotiation process. Also, please note Attachment I - Affirmation of Legally Required Contract Terms,

Q26: Do you want offerors to submit a second redacted technical proposal for purposes of FOIA?

A26: No. Please refer to Special Provisions, Section 18. Offerors should use Attachment-T to request protection of trade secrets and proprietary information.

Q27: Do bidders need to submit a proposal for all modules or can they only propose for independent modules?

A27: Please refer to Special Provisions, Section 3.1.1. The Offeror must commit to serving as the single point of contact having ultimate accountability for the performance of all products.

Q28: Does the County have SWAM requirements? If so, what are they?

A28: Please refer to Special Provisions, Section 34. Contractors are encouraged to utilize small, minority-owned, and women-owned businesses as sub-contractors.

Q29: Would the County consider providing credit to offerors on this RFP for working with SWAM businesses?

A29: Not for this RFP; however, this request will be shared with DPMM management for consideration on future solicitations.

Q30: Are there any small business set-aside goals for this contract?

A30: No.

Q31: Will the resulting contract be a 5-year contract with 5 additional years? What will the term actually be?

A31: Please refer to Special Provisions, Section 5. The contract term will be for five years with five one-year renewal options, or as mutually negotiated.

Q32: Will the resulting contract be firm fixed, T&M or both?

A32: The majority of contract costs are fixed and will be made up of software licensing, system implementation and ongoing maintenance/support. The Offeror will provide labor rates by skill category for future add-on work.

Q33: Will the list of pre-proposal attendees will be posted?
A33: The list of pre-proposal attendees is posted at: https://www.fairfaxCounty.gov/solicitation/

Q34: Please confirm a written response is not required for APPENDIX G HCSIS Use Cases.
A34: A written response for Appendix G – HCSIS Use Cases is not required.

Q35: What is the budget for the contract awarded from this RFP?
A35: Funding for this project has been and will be allocated within the County's budget. The Offeror's pricing and cost proposal should be based upon the offeror's understanding of the County's requirements.

Q36: Can you supply an electronic copy of the forms listed in Attachment G?
A36: Copies of these forms are not available at this time. Please reference Attachment G, Mandated Forms Matrix for form descriptions and included data.

Q37: Although the use of minority/women owned businesses as subcontractors is encouraged, this does not appear to be a consideration listed in the Award evaluation process in the RFP. What is the impact to the engagement of including or not including subcontractors that would qualify as minority/women owned?
A37: See Q28, Q29 and Q30.

Q38: Can questions be submitted after the pre-proposal conference? If so, what is the process?
A38: The closing date and time of this RFP is Aug 14, 2018 @ 02:00 PM. Questions should be emailed to the Contract Specialist, Ron Hull, at dpmmteam3@fairfaxCounty.gov by 4:00 PM on August 6, 2018 to give County sufficient time to respond.

Q39: Is InovaCare Clinic included in the scope of the procurement?
A39: No, InovaCare clinics are not included in the scope of this procurement.

Q40: Who are the primary insurance payers?
A40: Primary Insurance Payers include: Virginia Medicaid, Magellan Health Care Inc. (Virginia Medicaid Behavioral Health Administrator), Medicaid MCOs (including: AETNA Better Health of Virginia, Anthem Healthkeepers Plus, Magellan Complete Care of Virginia, Optima Health, United Health Care Community Plan of Virginia, Virginia Premier Health Plan, INTOTAL Health, Anthem Famis). Medicare. CSB Commercial Payers (In-Network) include: Carefirst BCBS, Blue Cross Blue Shield, BCBS Federal Plan, Tricare Standard; CSB Commercial Payers (Out-of-Network): United Healthcare, Cigna, Aetna, Humana, and other third party payers.

Q41: Do you require automated invoicing?
A41: Please reference Attachment D, Functional Requirements Matrix, Revenue Cycle Management (RM) requirements.

Q42: What is the current billing process?
A42: Billing functions are currently conducted by County staff. The County expects that the vendor will document current business practices and workflows, including those associated with the billing process, as a part of requirements elaboration and specification definition. Please see Appendix D - Tasks to be Performed, Section 2.

Q43: Are there any self-pay patients?
A43: Yes, there are self-pay patients.

Q44: What is the current patient check in process?

A44: The Health Department and the CSB have separate processes for check in. For the Health Department, clients are served on an appointment or walk-in basis. When clients present for services, demographics and background information is collected in addition to supporting eligibility documentation. Enrollment and eligibility for services is determined at the initial visit. Once enrolled, clients schedule appointments and are seen by a receptionist for check in at appointment time. For the CSB, Check in includes: Account Review, including: 1. Reviewing pre-appointment service for needed items; 2. Preparing any needed forms for signature & collect signature; 3. Offering appointment for Benefit screening or Financial review; 4. Reviewing for any balances; a. If there is a balance, letting them know and offer to take a payment; 5. Supplying CRU contact information for any complex financial inquiries or needs; 6. Updating any needed demographic information; and Notifying the Arrival of Consumer: 1. Selecting consumer's schedule from the Navigation Bar; 2. Locating the appointment and opening it; 3. Changing the status to Arrived; 4. Notifying clinician of consumer's arrival.

Q45: Is there any in-home care?

A45: For Health Department Services, Skilled Nursing services are not provided in the home, however the Health Department offers home visiting as a component of case management for Maternity, TB and Chronic Disease clients. The Public Health Nurse (PHN) conducts a developmental, medical, psychosocial and home assessment using a variety of tools. Based on the assessment the PHN develops a person-centered care plan which includes health education, prevention measures, self-care management, referral to needed resources, emotional support and guidance and ongoing assessments. Once implemented the PHN will evaluate and modify the care plan as needed. For the CSB, private vendors provide in-home care in the Development Disability services area.

Q46: Do the current EMR systems handle billing? If not, will the EMR have to support revenue management in HCSIS?

A46: The Health Department does not currently have an EMR system. The Avatar system supports our practice management, billing, staff time tracking, some eligibility tracking and some programmatic outcome measures but will be retired with the implementation of this requested solution. Credible currently handles billing for the CSB. We would expect the new system to have full billing/revenue management functions consistent with functional requirements in Attachment D.

Q47: Provide estimates of the following:
1. # of beds
2. # of physicians
3. # of providers legally able to write prescriptions
4. # Outpatient visits
5. # of HIM departments
6. # of registration stations
7. # FTE's
8. # of Concurrent Users – Definition (total # of users accessing the system at one time)

A47: 1. The Health Department is not a 24 hour facility and only provides ambulatory services, so does not have beds; the CSB also does not have beds.
2. The Health Department has 15 Physicians in 5 clinic locations; the CSB has 64 physicians.
3. The Health Department has 18 prescribers in 5 clinic locations; the CSB has 64 prescribers.
4. In previous fiscal year, the Health Department had 40,144 clinic visits; the CSB had 208,879.
5. If the question refers to technology/information management departments, the HD and the CSB each have one IT support group, and receive support from the County's central Department of Information Technology, and some systems are supported directly by vendors.
6. The Health Department has 5 clinic sites and 4 Adult Day Health Care Centers (ADHCs). At each clinic site, there can be from 1-3 registration desks operating. At ADHCs, there is one primary check in location. The CSB currently has 46 registration stations.
7. The Health Department has approximately 577 Full time employees in Health Services and Epidemiology and Population Health; the CSB has 1105 staff.
8. The Health Department's concurrent activity would be 250-300 concurrent users; the CSBs concurrent activity would be 600.

Q48: Avatar / Credible Data Conversion – To what extent are the respective vendors for Avatar and Credible going to be involved in supporting any data conversion / migration? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration

A48: The County will make efforts to make the Avatar and Credible vendors available to assist with data conversion, within the terms of existing contracts.

Q49: How many databases (cache.dat files) are there in AVATAR? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration

A49: There is a single cache.dat file for Avatar.

Q50: How big are the cache.dat files? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration.

A50: Avatar's current cache.dat file is 33 GB. This does not apply to Credible.

Q51: When SQL layer is embedded, what are the table names? What are the record counts for each table? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration.

A51: The County cannot provide this information at this time. The database architecture of both Avatar and Credible is proprietary and only accessible by the vendor administrators. If this is important for data conversion tasks, the County will work with both vendors to obtain the required information.

Q52: Which databases do not have SQL layer embedded? What kind of data are stored in these databases? Appendix D-Tasks to be Performed A: Data Conversion and Migration.

A52: The HD has several supporting database that the County would expect could be retired with EMR implementation. All of them are SQL-queryable, and/or data could be extracted in a readable format. The HD will work with selected vendor on scope, timing, and conversion of selected data sets. All CSB EHR-related Databases are SQL

Q53: Why have AVATAR upgrades been suspended for the past 2 years? Is this system being sun-setted? If so, what is the current plan/timeline? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration.

A53: Yes, Avatar will be “sun-setted” as the new system is implemented. The HD plans to keep the Avatar system operational until planned cutover to the new system, the timeline of which will be determined with County IT staff and selected vendor.

Q54: What other data (in addition to those in AVATAR) may need to be migrated to HCSIS? What is the timeline? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration.

A54: The HD has several supporting databases where some or all data would be migrated. There are SharePoint/MS Access data stores, and a separate proprietary Pharmacy system. The County will work with the selected vendor to determine the scope and timeline for migration of this supporting data. Please reference Appendix D, Tasks to be Performed Section 6.

Q55: What data in CREDIBLE will need be migrated to HCSIS? What is the timeline? REF. Appendix D-Tasks to be Performed A: Data Conversion and Migration.

A55: All data in Credible will need to be migrated. Please reference Appendix D, Tasks to Be Performed, section 6 for additional information on Data Conversion and Migration.

Q56: Why does HD use Avatar, and why does CSB use Credible? Are there unique differences in the two systems that required CSB to not utilize Avatar or vice versa? REF. Appendix F- Profile of Current Systems.

A56: The HD and the CSB provide different programs and services. The HD's programs and services are associated with episodic medical care. The HD uses a customized Avatar Practice Management version to support the provision of its medical services. The CSB is the County agency that provides behavioral health services and uses Credible EMR. The County’s goal is to ensure a future system that is integrated.

Q57: Is there a sample list of payers that HCSIS plans to expand billable services and contracts to? REF. Appendix F- Profile of Current Systems.

A57: See question 40 for a list of primary insurance payers. The system should be flexible enough to accommodate additional payers in the future.

Q58: If current EMR Avatar PM 2015 is replaced, is there a contractual transition obligation for EMR vendor to ensure a smooth transition? REF. Appendix F- Profile of Current Systems.

A58: The selected vendor will be expected to play a large role in a smooth transition between Avatar and the new EMR system. However, the County recognizes that County staff, and the Avatar vendor will also have responsibilities for the transition.

Q59: 42 CFR Part 2 requires manual signature collection, and approved clinician access of patient record. Is this collected and maintained by the DBHDS? If clinical data is not collected to-date in the AVATAR system, is there a current workflow for this data collection? How is this passed to the HIE, through sensitive data flags captured in the EMR? REF. Appendix G – HCSIS Use Cases.

A59: 42 CFR Part 2 signatures are currently collected and maintained by CBS. Avatar is not currently used for behavioral health or substance abuse services. Neither the Health Department nor the CSB currently exchange information using the state's HIE.

Q60: Is client 'patient' consent collected and maintained as 'source of truth' in the County system or the HIE? Or maintained by a County system, which one? If not the HCSIS, how does the source system handle consent (using facility, encounter, or patient level) management? If handled by HCSIS, what are the existing workflows to capture consent (electronic, paper)? Use case Family #2, 'staff queries County system and HIE. Look up information on guardianship and consent. REF. Appendix G – HCSIS Use Cases.

A60: Each agency currently collects and maintains client consent forms individually. There is currently no central or system-wide source for maintaining consent forms. The County currently collects and maintains a combination of hard copy and electronic consents. The County obtains consent at the patient level. Use cases reference a future state. The County is not currently leveraging HIE functionality for any service.

Q61: Are the interfaces including in the matrix all existing interfaces that will need to be migrated or new interfaces that will need to be built? REF. Attachment F- Interface Matrix.

A61: The list includes existing and new interfaces that will need to be built.

Q62: Are there sample messages that can be provided for each of the interfaces listed? REF. Attachment F- Interface Matrix.

A62: There are no sample messages that can be provided at this time.

Q63: For each interface, what is the trigger event(s) for data exchange? REF. Attachment F- Interface Matrix.

A63: Not all interfaces will have triggers. For those that need triggers, the County will work with the selected vendor to identify the appropriate events.

Q64: For each interface, are there any known data transformation requirements to transform message from data supplier format to data recipient format? REF. Attachment F- Interface Matrix.

A64: We expect there will be data transformation requirements to consume data within the solution whether one time or ongoing. Please reference Appendix D, Tasks to Be Performed, Section 2.d on Data Integration/Interface Specifications Document and Section 6 for information on Data Conversion and Migration.

Q65: For each interface, is there any demographics matching needed to translate supplier client ID to recipient client ID? REF. Attachment F- Interface Matrix.

A65: Yes. Until such time as a County Master Client Index is established, demographics matching will be required to match clients from sending/receiving systems.

Q66: For each interface, are there any known filtering/routing rules? Are there any cases when only qualified data should be sent to recipient system? If not, can interface be considered as pass-through interface? REF. Attachment F- Interface Matrix.

A66: Some interfaces have business rules that must be followed. For new interfaces, the County will work with the selected vendor to determine rules for filtering/routing.

Q67: Which interface(s) involve non-text data (e.g. images, PDF, binary object, etc.)? REF. Attachment F- Interface Matrix.

A67: Interfaces to other EMRs, or through Connect Virginia may involve image and PDF file types. The County will work with the selected vendor to define requirements.

Q68: Which health forms will be filled out by patients? REF. Attachment G- Mandated Forms Matrix.

A68: Most forms included in Attachment G are forms that the County must use by state or federal requirements. These are mainly for reporting and not completed by patients.

Q69: Who is the intended recipient (patient, service provider, payer, care manager, pharmacist) for each one of these forms? REF. Attachment G- Mandated Forms Matrix.
A69: Most of the forms in Attachment G are for reporting to State/Federal entities or pharmacy ordering to the State. There are some on the list that are client specific and therefore would become a part of the patient record.

Q70: Are these online forms? Paper forms? Both? REF. Attachment G- Mandated Forms Matrix.
A70: The County has many of these forms in electronic format. Some are available in the public domain; others are accessible with a valid login to state intranet site. The County will work with selected vendor to obtain electronic copies of the forms.

Q71: What is the workflow for capturing data returned in completed forms (scanning, data entry, etc.)? REF. Attachment G- Mandated Forms Matrix.
A71: The workflows for capturing data will vary depending on the program and the specified form. Some forms could likely be scanned, others will require data entry. The County will work with selected vendor to determine best method for data capture, form completion, and transmission.

Q72: If form data needs to be stored in HCSIS, who would have access to these stored data and under what workflow? REF. Attachment G- Mandated Forms Matrix.
A72: The County will work with the selected vendor to determine access rights as part of the overall system security architecture. Form access will be based on role-based permissions.

Q73: Is there current integration with an EMPI? Enterprise master patient index?
A73: No, there is not currently integration with an MPI.

Q74: Why is the County replacing the two legacy systems? Are there gaps in current systems? Does the County want a single solution?
A74: The County is seeking to efficiently serve clients who may seek health care services offered by multiple County agencies, consistent with the vision of a client-focused system. The County is also seeking to take advantage of technology available in the marketplace. Reference Special Provisions sections 3.1.1 and 7.8 and note that an Offeror may include products and services from one or multiple providers, but that an Offeror must commit to serving as Prime.

Q75: The RFP references initial use of the system by the Health Department and CSB, but not Fairfax County Public Schools. Yet some the functional requirements are related to school health. Are the school health requirements in scope for the initial phase or future state?
A75: The Health Department currently provides staff to the Fairfax County Public Schools' School Health Program and the requirements for those activities and related use cases are included in the RFP.

Q76: Will the Use Cases (Appendix G) be part of the vendor demonstrations?
A76: Yes, the Uses Cases will be a significant part of the demonstrations. Additional guidance will be provided to offerors selected to participate in the demonstration stage of the evaluation process.

Q77: Will the County be integrating with federal systems such as for eligibility?
A77: Please reference the interface section (Attachment F). As federal requirements change, there may be additional or new needs that will be included in the resulting contract.

Q78: Does the County intend for the HCSIS system be the authoritative source of information?
A78: The HCSIS system is intended as the "system of record" for health-related services provided by County programs. Reference Special Provisions section 2.1.

Q79: Will the data migrated to HCSIS include HD, CSB and Schools? Will items such as treatment plans and additional data be migrated as well?
A79: Data migration for the Health Department will include Avatar and other supporting data stores. There is not any anticipated migration directly from county school databases. CSB data migration will include Credible data.

Q80: On page 63 of the RFP, it references a 3-year plan. What County resources and planning went into developing the 3-year plan? Is the County willing to deviate from this? Is the County comfortable with the 3-year plan as described?
A80: Several County staff advised on the development of the 3-year plan. Please see Special Provisions section 15.2.11.2 for guidance on exceptions to the HCSIS Build and Deployment Schedule provided in Appendix E.

Q81: Will the County consider references from commercial health care vendors?
A81: Please reference Special Provisions section 15.2.6.2 for guidance on appropriate references.

Q82: Does the County use The Healthcare Effectiveness Data and Information Set (HEDIS) for Health Analytics? If not, would the County consider utilizing it?
A82: The County is interested in employing HEDIS measures to the degree it is deemed practical for population health analytics purposes.

Q83: How does this system fit into HHS modernization roadmap?
A83 There are 8 HHS agencies identified in the RFP, including the HD and the CSB. HCSIS has an emphasis on integrated data and supports clients and functions across programmatic lines. HCSIS is in line with the HHS roadmap.

Q84: Is there a defined or anticipated start date for the project?
A84: Once the contract is awarded, the successful offeror should be ready to begin work.

Q85 What current system is being used? Are those systems on site or hosted?
A85: See Appendix F - Profile of Current Systems

Q86: My company specializes in healthcare publishing and we are looking for opportunities in offering solutions for online doctor search (“Find A Doctor”) platforms. Would your HCSIS solution include that service?
A86: This is not a specific requirement within the scope of the RFP; however, offerors may propose alternatives as suggested features of their proposal. Please refer to Special Provisions 15.2.11.

Q87: I have reviewed the documents however, it is unclear as to the stated goal of the system (population served, project purpose, etc.). Can you provide some additional guidance?
A87: Please refer to Special Provisions, Section 2, RFP Scope, and Special Provisions, Section 7, Future State Solution, as well as the referenced appendices and attachments from those sections.

Q88: Please clarify the statement on page 1, Special Provisions - Section 2.1, “Any contract resulting from this RFP could be used by any and all County agencies and Fairfax County Public Schools.” If additional County agencies and the Fairfax County Public Schools are added as users, what should the Offeror assume regarding volumes, users and transactions, or will the additional volumes be negotiated?
A88: No additional volume should be assumed for use by other County agencies or Fairfax County Public Schools (FCPS). Should other County agencies or FCPS elect to implement software in the future, Contractor compensation will be based upon final contract pricing. For additional information, please reference Special Provisions, Section 27.

Q89: Can the Prime delegate planning, implementation, maintenance, and support tasks? REF. 1. Special Provisions - Section 3.1.1.

A89: Please reference Special Provisions Section 3.1.1. The County will not entertain offers that are not explicit about a Prime performing as the lead for all planning tasks, implementation tasks, maintenance and support tasks, and if applicable, operations and hosting tasks. An Offeror may include services from one or multiple suppliers, but the Prime must commit to serving as the single point of contact with ultimate accountability for all non-County resources employed to design, implement and maintain the solution.

Q90: Does the County expect this proposed solution to be/become the official identification of participant's identities across these different departments/programs? REF. Special Provisions: Future Solutions, 7.1.

A90: It is expected that HCSIS will contain a master index for identifying clients of the Health Department (HD) and the Community Services Board (CSB). Please reference Attachment D, Functional Requirements Matrix, Requirement OM-3.

Q91: What are the required and optional sections that need to be included in the personal health record (PHR)? REF. Special Provisions: Functional Requirements, 9.2.4.

A91: Please reference Attachment D, Functional Requirements Matrix.

Q92: Is there any need for auditing outside of ATNA logging? REF. Special Provisions: Technical Requirements, 10.3.2.

A92: Please see Attachment E - Technical Requirements Matrix, particularly Section 9 Audit Support and Compliance

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Q93: For onsite personnel, will physical office space be available? REF. Special Provisions: Technical Proposal Instructions, 15.2.7.2.3.

A93: Yes, physical space will be available as needed.

Q94: Do the Fairfax County stakeholders currently have algorithms/criteria sets they required for risk stratification or is it the Counties intent that the Offeror propose risk stratification algorithms? REF. Attachment D- Functional Requirements Matrix.

A94: The Health Department (HD) and Community Services Board (CSB) employ various criteria sets and algorithms for population health analytics and risk stratification purposes. The County expects the HCSIS solution will accommodate algorithms and criteria sets typically used by public health and behavioral health agencies in the course of assessing and treating clients and conducting broader functions such as syndromic surveillance. Please reference Attachment D - Functional Requirements Matrix CM 8.

Q95: Can Fairfax County elaborate on the Sheriff’s Office “Module” and the vision for functionality? REF. Attachment D- Functional Requirements Matrix.

A95: Attachment D - Functional Requirements, CM-17 should read: "Pharmacy integration. CSB and HD modules must be integrated/interface with pharmacy. User roles/permissions should be configurable so that non-pharmacy staff can only view pharmacy information in read-only mode." The County does not envision a Sheriff's Office module at this time.

Q96: How will employment data be input/entered/loaded into the HCSIS? What functionality do employment workers need in the system? REF. Attachment D- Functional Requirements Matrix.

A96: The County does not foresee employment program workers having direct access to HCSIS. Employment data is related to client assessment and would be captured during the course of patient intake and assessment activities.

Q97: What are the Top 5 languages that the system must support? REF. Attachment D- Functional Requirements Matrix.

A97 Fairfax County has a dynamic and linguistically diverse population. The County expects that the solution will be flexible enough to accommodate changes in top languages for the functions referenced in Attachment D - Functional Requirements Matrix, CM 73.

Q98: Are any of the forms part of the use cases mentioned in Appendix G (HCSIS Use Cases)? REF. Attachment G- Mandated Forms Matrix.

A98: The "502 form", the Tuberculosis Contact Investigation Form, listed in Attachment G is referenced in one of the use cases in Appendix G.

Q99: How many concurrent processes would be using the system?

A99: The County cannot answer this question as worded.

Q100: How many users would be logging into the system at one time?

A100: The Health Department and CSB collectively employ approximately 1700 staff who may ultimately interface with the solution. The County estimates that concurrent users under typical programmatic activity could reach 900 under peak solution usage (not all users would be accessing the same functionality or module). This includes mobile users. This figure does not account for potential activity “bursts." The County anticipates that capacity planning will be addressed as a part of negotiation.